

## ATTACHMENT B

### Employee Non-Cash Parking Benefit HR/CMS Selection Form

I understand I am currently receiving a tax reportable non-cash parking benefit and that the fair market value in excess of Federal and State allowable threshold is taxable. Accordingly, I am choosing that the benefit be reported in the following pay period(s):

**Non-Cash Parking Benefit effective** \_\_\_\_\_

**Tax Year** \_\_\_\_\_

**Federal Taxable Amount:** \_\_\_\_\_ **State Taxable Amount:** \_\_\_\_\_

**Which Pay Period do you want the excess  
non-cash fringe benefit amount added to?**

\_\_\_\_\_ 100% Added to taxable gross first pay period only

\_\_\_\_\_ 100% Added to taxable gross second pay period  
only.

\_\_\_\_\_ 50% Added to taxable gross in each of the first  
and. second pay periods

**I agree to notify my Payroll Office if my parking benefit is no longer available.**

\_\_\_\_\_  
(Employee ID)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)